UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

25006

7590

03/19/2007

GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C PO BOX 7021 TROY, MI 48007-7021 EXAMINER

SELLS, JAMES D

ART UNIT PAPER NUMBER

1734

DATE MAILED: 03/19/2007

| ſ | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| ٠ | 10/646,599      | 08/21/2003  | Dawn White           | DWH-11902/29        | 9796             |

TITLE OF INVENTION: METHOD AND MATERIALS TO INHIBIT OBJECT CONSOLIDATION IN LOCALIZED AREAS

|   | APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|---|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| , | nonprovisional | YES          | \$700         | \$300               | \$0                  | \$1000           | 06/19/2007 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### **HOW TO REPLY TO THIS NOTICE:**

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further indicated unless correcte naintenance fee notifical                                                           | ed below or directed oth                                                                                                                     | ig the Patent, advance of<br>terwise in Block 1, by (a                                                                         | rders and notification of many specifying a new corres                                                                                                   | naintenance fees w<br>pondence address;                                                                    | ill be i<br>and/or                             | mailed to the current<br>(b) indicating a sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | correspondence address as arate "FEE ADDRESS" for                                                                                                       |
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|                                                                                                                                        |                                                                                                                                              | ock 1 for any change of address)                                                                                               | Fee                                                                                                                                                      | c) Transmittal Thi                                                                                         | s certifi                                      | icate cannot be used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or domestic mailings of the for any other accompanying ent or formal drawing, must                                                                      |
| 25006                                                                                                                                  | 7590 03/19/                                                                                                                                  |                                                                                                                                |                                                                                                                                                          | Com                                                                                                        | tifiaata                                       | of Mailing or Trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | emission                                                                                                                                                |
| GIFFORD, KR<br>PO BOX 7021<br>TROY, MI 4800                                                                                            | ASS, SPRINKLE<br>07-7021                                                                                                                     | ,ANDERSON & (                                                                                                                  | CITKOWSKI, P.Ger<br>State<br>addr<br>trans                                                                                                               | reby certify that these Postal Service we essed to the Mail smitted to the USP                             | is Fee(s<br>tith suff<br>Stop<br>TO (57        | s) Transmittal is bein ficient postage for fir ISSUE FEE address 1) 273-2885, on the control of | g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>date indicated below.                                       |
| ,                                                                                                                                      |                                                                                                                                              |                                                                                                                                |                                                                                                                                                          | <u>.</u>                                                                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Depositor's name)                                                                                                                                      |
|                                                                                                                                        |                                                                                                                                              |                                                                                                                                |                                                                                                                                                          |                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Signature)                                                                                                                                             |
|                                                                                                                                        |                                                                                                                                              |                                                                                                                                |                                                                                                                                                          |                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Date)                                                                                                                                                  |
| APPLICATION NO.                                                                                                                        | FILING DATE                                                                                                                                  |                                                                                                                                | FIRST NAMED INVENTOR                                                                                                                                     |                                                                                                            | ATTO                                           | RNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CONFIRMATION NO.                                                                                                                                        |
| 10/646,599                                                                                                                             | 08/21/2003                                                                                                                                   |                                                                                                                                | Dawn White                                                                                                                                               |                                                                                                            | D                                              | WH-11902/29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9796                                                                                                                                                    |
| TITLE OF INVENTION                                                                                                                     | : METHOD AND MAT                                                                                                                             | ERIALS TO INHIBIT O                                                                                                            | BJECT CONSOLIDATION                                                                                                                                      | N IN LOCALIZED                                                                                             | AREA                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                                                                                                                             |
| APPLN. TYPE                                                                                                                            | SMALL ENTITY                                                                                                                                 | ISSUE FEE DUE                                                                                                                  | PUBLICATION FEE DUE                                                                                                                                      | PREV. PAID ISSUI                                                                                           | E FEE                                          | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |
| nonprovisional                                                                                                                         | YES                                                                                                                                          | \$700                                                                                                                          | \$300                                                                                                                                                    | \$0                                                                                                        |                                                | \$1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 06/19/2007                                                                                                                                              |
| EXAM                                                                                                                                   | INER                                                                                                                                         | ART UNIT                                                                                                                       | CLASS-SUBCLASS                                                                                                                                           |                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         |
| SELLS, J                                                                                                                               |                                                                                                                                              | 1734                                                                                                                           | 156-064000                                                                                                                                               |                                                                                                            |                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| CFR 1.363).  Change of corresp Address form PTO/SI                                                                                     | ence address or indication<br>ondence address (or Cha<br>B/122) attached.<br>lication (or "Fee Address'<br>)2 or more recent) attach         | nge of Correspondence                                                                                                          | 2. For printing on the p (1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attorney. | 3 registered paten<br>yely,<br>e firm (having as a<br>gent) and the nam<br>meys or agents. If              | t attorn                                       | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                         |
| Number is required.                                                                                                                    |                                                                                                                                              |                                                                                                                                | listed, no name will be                                                                                                                                  | printed.                                                                                                   |                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                         |
| B. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG                                                          | less an assignee is ident<br>h in 37 CFR 3.11. Comp                                                                                          | A TO BE PRINTED ON ified below, no assignce oletion of this form is NO                                                         | THE PATENT (print or type data will appear on the part of a substitute for filing and (B) RESIDENCE: (CITY)                                              | atent. If an assign<br>assignment.                                                                         |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | document has been filed for                                                                                                                             |
| Please check the appropr                                                                                                               | iate assignee category or                                                                                                                    | categories (will not be p                                                                                                      | rinted on the patent):                                                                                                                                   | Individual Co                                                                                              | orporati                                       | ion or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | oup entity Government                                                                                                                                   |
|                                                                                                                                        | are submitted: No small entity discount p                                                                                                    | permitted)                                                                                                                     | b. Payment of Fee(s): (Plea<br>A check is enclosed.<br>Payment by credit car<br>The Director is hereby<br>overpayment, to Depo                           | d. Form PTO-2038                                                                                           | is atta                                        | sched.<br>required fee(s), any d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |
|                                                                                                                                        | tus (from status indicated                                                                                                                   |                                                                                                                                | ☐ b. Applicant is no long                                                                                                                                | ger claiming SMA                                                                                           | LL EN                                          | TITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CFR 1.27(g)(2).                                                                                                                                         |
| NOTE: The Issue Fee an                                                                                                                 | d Publication Fee (if req                                                                                                                    | uired) will not be accepte                                                                                                     | ed from anyone other than to Office.                                                                                                                     | he applicant; a regi                                                                                       | stered a                                       | attorney or agent; or t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the assignee or other party in                                                                                                                          |
|                                                                                                                                        |                                                                                                                                              |                                                                                                                                |                                                                                                                                                          |                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         |
| Typed or printed nam                                                                                                                   | ne                                                                                                                                           |                                                                                                                                |                                                                                                                                                          | _                                                                                                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>his form and/or suggest<br>Box 1450, Alexandria, V | nation is required by 37 C<br>tiality is governed by 35<br>d application form to the<br>ions for reducing this bu<br>/irginia 22313-1450. DC | CFR 1.311. The informati<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>rden, should be sent to the<br>ONOT SEND FEES OR | on is required to obtain or r<br>1.14. This collection is est<br>y depending upon the indiv<br>the Chief Information Office<br>COMPLETED FORMS TO        | retain a benefit by to<br>imated to take 12<br>idual case. Any co<br>er, U.S. Patent and<br>D THIS ADDRESS | he publiminutes<br>omment<br>Traden<br>S. SENI | lic which is to file (ar<br>is to complete, including<br>its on the amount of the<br>mark Office, U.S. Dep<br>D TO: Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nd by the USPTO to process)<br>ng gathering, preparing, and<br>ime you require to complete<br>partment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |

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### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO. | FILING DATE        | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.             | CONFIRMATION NO. |  |  |
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| 10/646,599      | 08/21/2003         | Dawn White           | DWH-11902/29                    | 9796             |  |  |
| 25006 7         | 2590 03/19/2007    | EXAM                 | EXAMINER                        |                  |  |  |
|                 | ASS, SPRINKLE, AND | SELLS, JAMES D       |                                 |                  |  |  |
| PO BOX 7021     |                    | ART UNIT             | PAPER NUMBER                    |                  |  |  |
| TROY, MI 48007  | -7021              |                      | 1734<br>DATE MAILED: 03/19/2007 |                  |  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 395 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 395 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.